NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Social Services ACTION TAKEN ON WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

		COUNTY:
		DATE :
		CASE NO.:
		FOOD STAMPS
		WORK FIRST
		(check appropriate programs)
You have waived you	r right to an Administrative Di	isqualification Hearing. You will not get
Food Stamps	for the months of	through
You will not get Work	First for the months of _	through
You will not receive Fo	od Stamps Wo (check appropriate	ork First for ten years for fraudulently
misrepresenting identity	• • •	ve multiple benefits in more than one county
		e from asking that you pay back in cash
_	_	ligible to receive. If you have any questions,
•	•	agion to receive. If you have any questions,
.	•	
		Signature of County Representative
		· ·
		G HOUSEHOLD MEMBERS Food Stamps only)
We've reviewed your o	· ·	Stamps while
	is not allowed to participa	ate. Here's what we've found:
V	Earl Class	Independent of the second of
Y OU WIII receiv	ve in Food Stan	nps during the months
U U	ite, or visit the County Depart	be eligible. To see if you are eligible, ment of Social Services and ask to file
You are no lo	nger eligible.	
If you are not satisfied	d with the decision, you may as	sk for a hearing.
Your Income Mainten First payment.	ance Caseworker will notify y	ou regarding the amount of your Work

DSS-8587 (Rev. 9-98) ECONOMIC INDEPENDENCE